MONTHLY SUMMARY OF DISTRIBUTION SYSTEM
COLIFORM MONITORING

System Name	System Number
ODD FELLOWS SIERRA RECREATION ASSOCIATION	5510016

Sampling Period

Month MAY

Year 2008

	Number Required	Number Collected	Number Total Coliform Positives	Number Fecal/ E. coli Positives
1. Routine Samples (see note 1)	3	3	0	0
2. Repeat Samples Following Samples Which are Total Coliform Positive and Fecal/E.coli *Negative* (see notes 5 and 6)	___	___		☐
3. Repeat Samples Following Routine Samples Which are Total Coliform Positive and Fecal/E. coli *Positive* (see notes 5 and 6)	___		☐	☐

4. MCL Computation For Total Coliform Positive Samples

	Number Required	Number Collected
a. Totals (sum of columns)	3	3

b. If 40 or more samples collected in month, determine percent of samples that are total coliform positive.
[(total number positive/total number collected) x 100] _____

c. Is system in compliance...   ...with fecal/E. coli MCL?
(see notes 2 and 3)   ☑ Yes   ☐ No

...with monthly MCL?
(see note 4)   ☑ Yes   ☐ No

5. Invalidated Samples
(Note what samples, if any, were invalidated; why they were invalidated; who authorized the invalidation; and when replacement samples were collected. Attach additional sheets, if necessary.)

6. Summary Completed By:

Signature	Title	Date
Robert Clark	D-1 OPERATOR 28978	6-5-08

NOTES AND INSTRUCTIONS:
1. Routine samples include:
   a. Samples required per 22, CCR, Section 64423;
   b. Extra samples required for systems collecting less than five routine samples per month that had one or more total coliform positives in previous month;
   c. Extra samples for systems with high source water turbidities that are using surface water or groundwater under the direct influence of surface water and do not practice filtration in compliance with regulations.
2. Note: For a repeat sample following a total coliform positive sample, any fecal/e. coli positive repeat (boxed entry) *constitutes an MCL violation and requires immediate notification to the Department* (22, CCR, Section 64426.1).
3. Note: For a repeat sample following a fecal/E. coli positive sample, any total coliform positive repeat (boxed entry) *constitutes an MCL violation and requires immediate notification to the Department* (22, CCR, Section 64426.1).
4. Total coliform MCL (*Notify Department within 24 hours of MCL violation*):
   a. For systems collecting less than 40 samples, if two or more samples are total coliform positive, then the MCL is violated.
   b. For systems collecting 40 or more samples, if more than 5.0 percent of samples collected are total coliform positive, then the MCL is violated.
5. Positive results and their associated repeat samples must be tracked on the worksheet on the other side.
6. For systems collecting more than one routine sample per month, three repeat samples must be collected for each total coliform positive sample. Repeat samples must be collected within 24 hours of being notified of the positive result.

AquaLab Water Analysis	State Certification # 1359
P.O. Box 356	(209) 586-3400
Twain Harte CA 95383	Fax: (209) 586-1492

BACTERIOLOGICAL EXAMINATION OF WATER

ODDFELLOWS SIERRA REC	5510016 DOHS
P O BOX 626	# 1 BOB CLOAK 586-1459
MI WUK VILLAGE CA 95346	# 2 MIKE RAINWATER 586-2792
	# 3 MIKE CARAPRESSO

OFC 586-3098 DORIS - 6664	Date: 5.21.08	Sampler: ROB

Source		Reason	Type
1) Surface/ Spring	4) Reservoir	A) Routine	C) Total Coliform
2) Well Head	5) Distribution	B) Repeat	F) Fecal Coliform
3) Well Distribution	6) Treatment Plant	C) Special	H) Heterotrophic Plate Count
			E) E. coli

11870

	Collection Data						Five Portions							Presence/Absence			

Lab ID / Bottle ID	Time	Location	CL2	Source	Reason	Type	Vol mL	Prsmp 24	Prsmp 48	Confirmed 24	Confirmed 24	Confirmed 48	Confirmed 48	#	Total	Fecal	E.coli	CFU mL 35 C @ 48HR
O / 2#T	1208	OT @ 25259 REBECCA	‹05	3	A	C	20.0	Ø	Ø					Ø	‹1.1			
P / X=4	1227	OT@ 25430 WHEELER	‹05	3	A	C	20.0	Ø	Ø					Ø	‹1.1			
Q / +13	1223	OT@ 25149 ABRAHAM	‹05	3	A	C	20	Ø	Ø					Ø	‹1.1			

Notification/Comments:	Set-Up: Date/Time/By: 5-21 1515 ASC
	Completed: Date/By: 523.08 LY

These Tests (✓ Do   Meet State Standards
( ) Do Not